



**Congressman Markwayne Mullin**  
**Second District of Oklahoma**  
**Privacy Release and Information Form**

*In keeping with the restrictions of the Privacy Act of 1974, I hereby authorize Congressman Mullin and/ or his representative to request information from agencies or departments on my behalf. This release does not constitute a power of attorney.*

**Please complete the following:**

**I am having a problem or difficulty with:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / State/ Zip** \_\_\_\_\_

**Telephone**      **Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Cell** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Explanation of Problems (Attach any relevant information):**

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Have you contacted another Congressional or Senate office? \_\_\_\_\_ If yes, whom \_\_\_\_\_

*If release of information on your case to another party or your attorney is authorized, please specify:*

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*I hereby request the assistance of the Office of Congressman Mullin, and authorize Congressman Mullin and his staff to receive any information that they may need in order to provide this assistance.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*If signed with a mark:* **Witnessed by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please provide more information on the next page**

Complete **ONLY** the sections that apply to your request for assistance.

**Social Security**

Current level of claim:

( ☐ ) New Claim ( ☐ ) Reconsideration ( ☐ ) Hearing ( ☐ ) Appeals Council ( ☐ ) Federal Court

**Immigration:**

Beneficiary  
name \_\_\_\_\_

Address \_\_\_\_\_

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A-Number \_\_\_\_\_ Receipt number \_\_\_\_\_

Date of Application \_\_\_\_\_ Form number \_\_\_\_\_

**IRS (Tax Problem)**

Type of tax (income, employment, etc) \_\_\_\_\_

Tax years \_\_\_\_\_ Tax Form \_\_\_\_\_

If this for a business: Company Name \_\_\_\_\_

EIN # \_\_\_\_\_ Your relationship to the business \_\_\_\_\_

OFFICE USE ONLY: I give TAS permission to contact the constituent directly regarding this inquiry \_\_\_\_\_

**Medicare or Office of Workers' Compensation**

Medicare # \_\_\_\_\_ OWCP # \_\_\_\_\_

**Veterans and / or Military**

VA Case file # \_\_\_\_\_ Branch of Service \_\_\_\_\_ Rank/ Grade \_\_\_\_\_

Dates of Service \_\_\_\_\_ Duty Station \_\_\_\_\_

**Passport**

Date of Application \_\_\_\_\_ Date of Travel \_\_\_\_\_ Application # \_\_\_\_\_

Destination \_\_\_\_\_ Expedite paid: Y N (circle one)

Return to:

Congressman Markwayne Mullin  
431 W. Broadway  
Muskogee, OK 74501  
Phone: 918-687-2533 Fax: 918-686-0128